

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL**

SUBJECT: Small Volume Nebulizer Machine (SVN) APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input checked="" type="checkbox"/>	Protocol #: PA P226.00 Protocol Pages: 1 Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Initial Effective Date: June 1999 Latest Review Date: May 2002
MIHS HEALTH PLANS APPROVALS: <div style="display: flex; justify-content: space-between;"><div>Director, Medical Management: _____</div><div>Date: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Medical Director: _____</div><div>Date: _____</div></div>	

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Small Volume Nebulizer Machine (SVN).

PROTOCOL:

- A. The prior-authorization specialist may approve if **any** of the following are present:
 - 1. The patient has the diagnosis of asthma, chronic obstructive airway disease, acute bronchiolitis, or similar airway condition associated with reversible airway spasm.
 - 2. The patient has been given a trial of a metered dose inhaler (MDI) with a spacer of reservoir and was unable to obtain adequate medication, such as a child who is too young to use an MDI
 - 3. The patient has other diseases or disabilities such as Arthritis, Neuromuscular disease, Tracheostomy, etc. and is unable to use an MDI.
- B. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.
- C. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.
- D. If requirements are not met, Medical Director review is required.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.